

**NATIONAL IP RIGHTS CENTER, LLC**  
**550 TOWNSHIP LINE ROAD**  
**SUITE 400**  
**BLUE BELL, PA 19422**  
**MAIN: (610) 680-2301**  
**FAX: (610)-680-2319**

**Facsimile Transmittal**

| NAME       | COMPANY | FAX #        | PHONE # |
|------------|---------|--------------|---------|
| U.S.P.T.O. |         | 703-872-9306 |         |

February 24, 2005

**RECEIVED  
CENTRAL FAX CENTER**

**FEB 24 2005**

RE: Michael Ray Carr, Sr.

10/614,580

Attached please find an original (for clarification) and an executed copy of a Power of Attorney and Correspondence Indication Form in reference to the above.

Should you have any questions, please feel free to contact our office.

PAGES IN THIS TRANSMISSION(INCLUDING COVER): 3

*CK*

FROM:Linda A. Knellinger  
Patent Secretary  
Phone: (610) 680-2301, Ext. 115  
Fax: (610) 680-2319  
E-mail: lknellinger@niprc.com

THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY. THANK YOU.

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                                     |
|------------------------|-------------------------------------|
| Application Number     | 10/614,580                          |
| Filing Date            | 7/7/2003                            |
| First Named Inventor   | Michael Ray Carr Sr                 |
| Title                  | Oil Field Tool Heating Element In L |
| Art Unit               | 3742                                |
| Examiner Name          | Thor S. Campbell                    |
| Attorney Docket Number | 11343-3                             |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

25,203

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

25,203

OR

Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|                   |                     |           |  |
|-------------------|---------------------|-----------|--|
| Signature         |                     | Date      |  |
| Name              | Michael Ray Carr Sr | Telephone |  |
| Title and Company |                     |           |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**BEST AVAILABLE COPY**

# BEST AVAILABLE COPY

STO/BB/01 (11-04)  
Approved for use through 11/06/2006. GPO 0261-0036  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                                    |
|------------------------|------------------------------------|
| Application Number     | 10/514,580                         |
| Filing Date            | 7/7/2003                           |
| First Named Inventor   | Michael Ray Carr Jr                |
| Title                  | CH Field Tool Heating Element In L |
| Art Unit               | 3742                               |
| Examiner Name          | Thor S. Campbell                   |
| Attorney Client Number | 11345-3                            |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

26,203

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:  
OR

The address associated with Customer Number:  
OR

|   |                      |
|---|----------------------|
| <input type="checkbox"/> Firm/<br><input checked="" type="checkbox"/> Individual Name | Michael Ray CARR Jr. |
| Address   | 324 EAST UNION ST    |
| City  | Minden               |
| Country   | USA                  |
| Telephone   | 318-377-7612         |
| Fax   | 1318-377-7612        |

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/08-08)

**SIGNATURE of Applicant or Assignee of Record**

|                   |                      |           |              |
|-------------------|----------------------|-----------|--------------|
| Signature         | Michael Ray CARR Jr. | Date      | 2-23-05      |
| Name              | Michael Ray Carr Jr. | Telephone | 318-377-7612 |
| Title and Company |                      |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

"Total of 1 form are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be furnished by the USPTO in processing an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and transmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# BEST AVAILABLE COPY